



# WOOD TREATERS

## **CERTIFICATE OF INSURANCE REQUIREMENTS FILLING OUT THE CERTIFICATE CORRECTLY AND COMPLETELY**

**\*\*\*\*\*CERTIFICATES THAT HAVE ANY HANDWRITTEN PORTION,  
OTHER THAN THE SIGNATURE, ARE NOT ACCEPTABLE\*\*\*\*\***

**Texas Admitted Carrier No. or Texas Surplus Line Company No.:** Must indicate one or the other. This is a number assigned to the insurance carrier by the Texas State Board of insurance. You may contact the Texas Department of Insurance at (512) 322-4370 to inquire about your company's status and number.

**Name of Business/Employer:** Indicate the NAME OF THE BUSINESS not the certified applicators name. (Sample: Jim Bob's Pest Control or Major Food Processing Corporation)

**TPCL Number (if applicable):** This is either the business license number or the Noncommercial certified applicator license number. Leave blank if unknown.

**Name of Business License Holder:** Name the business license is issued to. Must be only one individual and must match the Application for Business exactly. Leave blank if the insured is a noncommercial entity.

**Business Location Address:** list the physical address of the business. PO Boxes and mailing addresses (if not the same as the physical address) are not acceptable.

**Policy Number:** a complete policy number must be indicated in the appropriate box. A binder number is unacceptable.

**Limits of Liability:** List policy limits - The minimum for Each Occurrence is \$200, 000, The minimum for Aggregate is \$300,000, or a combined single limit of \$300,000 is acceptable.

**List any categories of pest control work or any pesticides excluded in this coverage:** List any exclusions that apply.

**Type of Policy:** Indicate whether an occurrence policy or claims made policy. If Claims Made is checked the length of extended claims discovery period must be at least 5 years.

**Date:** Date certificate was completed.

**By:** The certificate must be signed by the insurance agent.

**Texas Insurance Agent License Number or a Non-Resident Agent License Number:** This number must be indicated in the space provided below the agents address at the bottom of the insurance certificate. (If the certificate is being completed by the underwriter – please indicate by placing the word “Underwriter” in the space provided for agent license number.)